

ORIGINAL

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CLERK OF U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

E-filing

(PR)

WHA

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

ERIK A LOPEZ
PETITIONER

Plaintiff,

CASE NO. _____

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

vs.
C.W. FARR - S.R. MURPHY
CAROL COLLINS / JOHN HALL
DANIEL LEE - STOCKTON PRISON
DR. TONY MEDICAL
Defendant.

I, ERIK LOPEZ, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ___ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: _____

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 2002 - JUNE - WORK READY - Temporary Services
 5 _____
 6 _____

7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

- 9 a. Business, Profession or Yes ___ No ☒
 10 self employment
 11 b. Income from stocks, bonds, Yes ___ No ☒
 12 or royalties?
 13 c. Rent payments? Yes ___ No ☒
 14 d. Pensions, annuities, or Yes ___ No ☒
 15 life insurance payments?
 16 e. Federal or State welfare payments, Yes ___ No ☒
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 _____
 22 _____

23 3. Are you married? Yes ___ No ☒

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support: \$ _____

1 b. List the persons other than your spouse who are dependent upon you for
 2 support and indicate how much you contribute toward their support. (NOTE:
 3 For minor children, list only their initials and ages. DO NOT INCLUDE
 4 THEIR NAMES.).

5 _____

6 _____

7 5. Do you own or are you buying a home? Yes ___ No X

8 Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

9 6. Do you own an automobile? Yes ___ No X

10 Make _____ Year _____ Model _____

11 Is it financed? Yes ___ No ___ If so, Total due: \$ _____

12 Monthly Payment: \$ _____

13 7. Do you have a bank account? Yes ___ No X (Do not include account numbers.)

14 Name(s) and address(es) of bank: _____

15 _____

16 Present balance(s): \$ _____

17 Do you own any cash? Yes ___ No X Amount: \$ _____

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
 19 market value.) Yes ___ No X

20 _____

21 8. What are your monthly expenses?

22 Rent: \$ _____ Utilities: _____

23 Food: \$ _____ Clothing: _____

24 Charge Accounts:

25 Name of Account Monthly Payment Total Owed on This Acct.

26 _____ \$ 0 _____ \$ 0

27 _____ \$ 0 _____ \$ 0

28 _____ \$ 0 _____ \$ 0

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

Verizon Bill

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ☐ No ☐

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

Plata vs Davis Schwartz & McGee 'ADA'
Federal

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

7-31-08

DATE

SIGNATURE OF APPLICANT

— THIS FORM MUST BE KEPT CONFIDENTIAL —

FW-001

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) ERIK ABUILAR LOPEZ P.O. Box 606 TRACY CA 95378-0600 TELEPHONE NO 209-323-5106 FAX NO (Optional) E-MAIL ADDRESS (Optional) ATTORNEY FOR (Name)		FOR COURT USE ONLY
SUPERIOR COURT OF SAN LUIS OBISPO COUNTY ^{SAN JOAQUIN SUPERIOR} San Luis Obispo Branch, 1035 Palm Street, Rm 385, San Luis Obispo, CA 93409 Grover Beach Branch, 214 South 18th Street, Grover Beach, CA 93423 Paso Robles Branch, 548 10th Street, Paso Robles, CA 93446 www.elecourts.net 222 E WEBER AVE STOCKTON, CA 95202		
PLAINTIFF/PETITIONER: ERIK ABUILAR LOPEZ DEFENDANT/RESPONDENT: Candace Collins - S.D. Moore DRE for John Hall		
APPLICATION FOR WAIVER OF COURT FEES AND COSTS		CASE NUMBER

I request a court order so that I do not have to pay court fees and costs.

1. a. ☒ I am **not** able to pay any of the court fees and costs.
☐ I am able to pay **only** the following court fees and costs (specify):
2. My current street or mailing address is (if applicable, include city or town, apartment no., if any, and zip code):
3. a. My occupation, employer, and employer's address are (specify):
disabled
 b. My spouse's occupation, employer, and employer's address are (specify):
single
4. ☒ I am receiving financial assistance under one or more of the following programs:
 a. ☐ SSI and SSP: Supplemental Security Income and State Supplemental Payments Programs
 b. ☐ CalWORKs: California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
 c. ☒ Food Stamps: The Food Stamp Program
 d. ☐ County Relief, General Relief (G.R.), or General Assistance (G.A.)
5. If you checked box 4, you must check and complete one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.
 a. ☐ (Optional) My Medi-Cal number is (specify):
 b. ☐ (Optional) My social security number is (specify):
552 - 25 - 4587 and my date of birth is (specify): **9-12-63**
 [Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.]
 c. ☐ I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.
 [See Form FW-001-INFO, Information Sheet on Waiver of Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]

[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]

6. ☒ My total gross monthly household income is less than the amount shown on the Information Sheet on Waiver of Court Fees and Costs available from the clerk's office. **0\$ Total**

[If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.]

7. ☒ My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay court fees and costs. [If you check this box, you must complete the back of this form.]

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date: **8-20-08**
ERIK LOPEZ
 (TYPE OR PRINT NAME)

(Financial information on reverse)

(SIGNATURE)

Page 1 of 2

FW-001

PLAINTIFF/PETITIONER: <u>Eric Lopez A</u>	CASE NUMBER
DEFENDANT/RESPONDENT: <u>C. Collins, S. D. Moore Jr & Co</u>	

FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. *(If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.)*
10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):

Property	FMV	Loan Balance
----------	-----	--------------

- | | | |
|-----|----|----|
| (1) | \$ | \$ |
| (2) | \$ | \$ |
| (3) | \$ | \$ |

- d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):

Property	FMV	Loan Balance
----------	-----	--------------

- | | | |
|-----|----|----|
| (1) | \$ | \$ |
| (2) | \$ | \$ |
| (3) | \$ | \$ |

- e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately):

\$ 0

11. My monthly expenses not already listed in item 9b above are the following:

- | | | |
|--|----|----------|
| a. Rent or house payment & maintenance | \$ | <u>0</u> |
| b. Food and household supplies | \$ | <u>0</u> |
| c. Utilities and telephone | \$ | <u>0</u> |
| d. Clothing | \$ | <u>0</u> |
| e. Laundry and cleaning | \$ | <u>0</u> |
| f. Medical and dental payments | \$ | <u>0</u> |
| g. Insurance (life, health, accident, etc.) | \$ | <u>0</u> |
| h. School, child care | \$ | <u>0</u> |
| i. Child, spousal support (prior marriage) | \$ | <u>2</u> |
| j. Transportation and auto expenses (insurance, gas, repair) | \$ | <u>6</u> |
| k. Installment payments (specify purpose and amount): | | |
| (1) | \$ | <u>0</u> |
| (2) | \$ | <u>0</u> |
| (3) | \$ | <u>0</u> |

The TOTAL amount of monthly

installment payments is: \$ 0

- l. Amounts deducted due to wage assignments and earnings withholding orders: \$ 0
- m. Other expenses (specify):

- | | | |
|-----|----|----------|
| (1) | \$ | <u>0</u> |
| (2) | \$ | <u>0</u> |
| (3) | \$ | <u>0</u> |
| (4) | \$ | <u>0</u> |
| (5) | \$ | <u>6</u> |

The TOTAL amount of other monthly expenses is: \$ 6

- n. MY TOTAL MONTHLY EXPENSES ARE (add a. through m.): \$ 0

12. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12):

9. MY MONTHLY INCOME

- a. My gross monthly pay is: \$ 0
- b. My payroll deductions are (specify purpose and amount):

- | | | |
|-----|----|----------|
| (1) | \$ | <u>0</u> |
| (2) | \$ | <u>0</u> |
| (3) | \$ | <u>0</u> |
| (4) | \$ | <u>0</u> |

My TOTAL payroll deduction amount is: \$ 0

- c. My monthly take-home pay is (a. minus b.): \$ 0

- d. Other money I get each month is (specify source and amount; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):

- | | | |
|-----|----|----------|
| (1) | \$ | <u>0</u> |
| (2) | \$ | <u>0</u> |
| (3) | \$ | <u>0</u> |
| (4) | \$ | <u>0</u> |

The TOTAL amount of other money is: \$ 0

(If more space is needed, attach page labeled Attachment 9d.)

e. MY TOTAL MONTHLY INCOME IS

(c. plus d.): \$ 0

- f. Number of persons living in my home: _____
- Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:

Name	Age	Relationship	Gross Monthly Income
(1)			\$ <u>0</u>
(2)			\$ <u>0</u>
(3)			\$ <u>0</u>
(4)			\$ <u>0</u>
(5)			\$ <u>0</u>

The TOTAL amount of other money is: \$ 0

(If more space is needed, attach page labeled Attachment 9f.)

g. MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS

(a. plus d. plus f.): \$ 0

10. I own or have an interest in the following property:

- a. Cash \$ 0
- b. Checking, savings, and credit union accounts (list banks):
- | | | |
|-----|----|----------|
| (1) | \$ | <u>0</u> |
| (2) | \$ | <u>0</u> |
| (3) | \$ | <u>0</u> |
| (4) | \$ | <u>0</u> |

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

**INFORMATION SHEET ON WAIVER
OF COURT FEES AND COSTS**
(California Rules of Court, rules 3.50–3.63)

FW-001-INFO

If you have been sued or if you wish to sue someone, and if you cannot afford to pay court fees and costs, you may not have to pay them if:

1. You are receiving **financial assistance** under one or more of the following programs:
- SSI and SSP (Supplemental Security Income and State Supplemental Payments Programs)
 - CalWORKs (California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependent Children Program)
 - The Food Stamp Program
 - County Relief, General Relief (G.R.), or General Assistance (G.A.)

If you are claiming eligibility for a waiver of court fees and costs because you receive financial assistance under one or more of these programs, and you did not provide your Medi-Cal number or your social security number and birthdate, you must produce documentation confirming benefits from a public assistance agency or one of the following documents, unless you are a defendant in an unlawful detainer action:

PROGRAM	VERIFICATION
SSI/SSP	Medi-Cal Card or Notice of Planned Action or SSI Computer-Generated Printout or Bank Statement Showing SSI Deposit or "Passport to Services"
CalWORKs/TANF (formerly known as AFDC)	Medi-Cal Card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or "Passport to Services"
Food Stamp Program	Notice of Action or Food Stamp ID Card or "Passport to Services"
General Relief/General Assistance	Notice of Action or Copy of Check Stub or County Voucher

–OR–

2. Your total gross **monthly household income** is equal to or less than the following amounts:

NUMBER IN FAMILY	FAMILY INCOME
1	\$ 1,083.34
2	1,458.34
3	1,833.34
4	2,208.34
5	2,583.34

NUMBER IN FAMILY	FAMILY INCOME
6	\$ 2,958.34
7	3,333.34
8	3,708.34
Each additional person	375.00

–OR–

3. Your income is not enough to pay for the common **necessaries** of life for yourself and the people you support and also pay court fees and costs.

To apply, fill out the Application for Waiver of Court Fees and Costs (form FW-001) available from the clerk's office. If you claim no income, you may be required to file a declaration under penalty of perjury. Prison and jail inmates may be required to pay up to the full amount of the filing fee.

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the Yellow Pages under "Attorneys").

If you are asking for review of the decision of an administrative body under Code of Civil Procedure section 1094.5 (administrative mandate), you may ask for a transcript of the administrative proceedings at the expense of the administrative body.

Page 1 of 1

FEE WAIVER APPLICATION ADVISEMENT

Any pleading will be accepted for filing subject to being stricken if the fee waiver is subsequently denied and proper fees are not posted.

If the fee waiver is granted, or is denied and fees are paid within ten days after notice of denial, the original filing date will be used to determine whether legal time limits for filing were met.

When submitting your application for waiver of court fees and costs the clerk of the court will request verification of your financial condition (California Rules of Court 985(b)).

Please follow the instructions on the INFORMATION SHEET ON WAIVER OF COURT FEES AND COSTS and on the APPLICATION FOR WAIVER OF COURT FEES AND COSTS.

Your application is confidential and as such will be placed in a sealed envelope marked confidential after consideration of the order.

COUNTY JAIL OR STATE PRISON INMATES: You must also submit the required proof based on what boxes you have checked. You will also need a **certified copy** of your statement of account for any sums due you for the six-month period immediately preceding the filing of the civil action or appeal. *State prison inmates:* you also need to submit the Inmate Trust Account Withdrawal form, when filing complaints and petitions, showing you've paid the \$3 to DOC pursuant to Penal Code section 2601(d).

FW-002

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <u>ERIK LOPEZ</u> <u>P.O. Box 600</u> <u>TRACY Ca 95378-0600</u>		TELEPHONE NO.: <u>209-323-5106</u>	FOR COURT USE ONLY
ATTORNEY FOR (Name):			
NAME OF COURT AND BRANCH, IF ANY: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE:		<u>SAN JOAQUIN SUPERIOR COURT</u> <u>222 E WEBER AVE</u> <u>STOCKTON Ca 95202</u>	
PLAINTIFF: <u>ERIK ABUILAS LOPEZ</u> DEFENDANT: <u>SIR MOORE LUNDEN COLLINS DR E FOX D. LOPEZ J. HALL</u>			
APPLICATION FOR WAIVER OF ADDITIONAL COURT FEES AND COSTS			CASE NUMBER:

1. I was granted a waiver of court fees and costs in this case on (date)
2. a. ☒ My financial status has **not changed** since I filed my original application.
b. ☐ My financial status **has changed** since I filed my original application AND a new application is attached.
3. I ask the court to extend my waiver of fees to cover the following additional court fees and costs:
- a. ☒ Jury fees and expenses.
- b. ☐ Court appointed interpreters' fees for witnesses.
- c. ☒ Witness fees of peace officers whose attendance is necessary for reasons shown below.
- d. ☒ Reporters' fees for attendance at hearings and trials held more than sixty days after the date of the original application as shown above.
- e. ☐ Witness fees for court appointed experts.
- f. ☒ Other (specify): ATTORNEY COST / MEDICAL COST

4. These additional services are needed because (use additional sheet if necessary):

10 Internal Affairs Investigation

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed on (date): 8-20-08 at (place): DEVELOPMENTAL INSTITUTE

ERIK LOPEZ
(Type or print name)

Erik Lopez
(Signature)

FW-003

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): ERIK ABUILAR LOPEZ K99196 10801 LOO TRACT, CA TELEPHONE NO.: 95378-0600 FAX NO.: E-MAIL ADDRESS (Optional): 1201 323-5106 ATTORNEY FOR (Name): <hr/> SUPERIOR COURT OF CALIFORNIA, COUNTY SAN JOAQUIN STREET ADDRESS: 222 E. WEBER SUITE 300 MAILING ADDRESS: CITY AND ZIP CODE: STOCKTON CA 95202 BRANCH NAME: MUNICIPAL <hr/> PLAINTIFF/ PETITIONER: ERIK ABUILAR LOPEZ DEFENDANT/ RESPONDENT: SIR MOORE, C. COLLINS DRE FOX - J. HALL	FOR COURT USE ONLY CASE NUMBER:
ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS	

1. The application was filed on (date): ☐ A previous order was issued on (date):
2. The application was filed by (name):
3. ☐ IT IS ORDERED that the application is granted ☐ in whole ☐ in part (complete item 4 below).
 - a. ☐ No payments. Payment of all the fees and costs listed in California Rules of Court, rule 3.61, is waived.
 - b. ☐ The applicant shall pay all the fees and costs listed in California Rules of Court, rule 3.61, EXCEPT the following:

(1) <input type="checkbox"/> Filing papers.	(6) <input type="checkbox"/> Sheriff and marshal fees.
(2) <input type="checkbox"/> Certification and copying.	(7) <input type="checkbox"/> Reporter's fees* (valid for 60 days).
(3) <input type="checkbox"/> Issuing process and certification.	(8) <input type="checkbox"/> Telephone appearance (Gov. Code, § 68070.1 (c))
(4) <input type="checkbox"/> Transmittal of papers.	(9) <input type="checkbox"/> Other (specify code section):
(5) <input type="checkbox"/> Court-appointed interpreter.	

Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 69947, 69948, and 72195.

 - c. **Method of payment.** The applicant shall pay all the fees and costs when charged, EXCEPT as follows:
 (1) ☐ Pay (specify): _____ percent. (2) ☐ Pay: \$ _____ per month or more until the balance is paid.
 - d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period. ☐ The applicant is ordered to appear in this court as follows for review of his or her financial status:

Date:	Time:	Dept.:	Div.:	Room:
-------	-------	--------	-------	-------
 - e. ☐ The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
 - f. All unpaid fees and costs shall be deemed to be taxable costs if the applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.
4. ☐ IT IS ORDERED that the application is denied ☐ in whole ☐ in part for the following reasons (see Cal. Rules of Court, rules 3.50–3.63):
 - a. ☐ Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form FW-001-INFO).
 - b. ☐ Other (Complete line 4b on page 2).
 - c. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
 - d. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
5. ☐ IT IS ORDERED that a hearing be held.
 - a. The substantial evidentiary conflict to be resolved by the hearing is (specify):
 - b. The applicant should appear in this court at the following hearing to help resolve the conflict:

Date:	Time:	Dept.:	Div.:	Room:
-------	-------	--------	-------	-------
 - c. The address of the court is (specify):
☐ Same as above
 - d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.

WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date:

☐

Clerk, by _____

Deputy

JUDICIAL OFFICER

(Clerk may GRANT in full a nondiscretionary fee waiver; see Cal. Rule of Court, rules 3.56.)

Page 1 of 2

PLAINTIFF/PETITIONER (Name):	CASE NUMBER:
DEFENDANT/RESPONDENT (Name):	

4b ☐ Application is denied in whole or in part (specify reasons):

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at
(place): _____, California,
on (date): _____

Clerk, by _____, Deputy

(SEAL)

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date:

Clerk, by _____, Deputy

FW-004

PLAINTIFF/PETITIONER (Name):	CASE NUMBER:
DEFENDANT/RESPONDENT (Name):	

4b ☐ Application is denied in whole or in part (specify reasons):**CLERK'S CERTIFICATE OF MAILING**

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at
 (place): _____, California,
 on (date): _____

Clerk, by _____, Deputy

(SEAL)

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date:

Clerk, by _____, Deputy

FW-005

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): ERIK LOPEZ AGUILAR P.O. Box 600 TRACY CA 95378-0600		TELEPHONE NO.: 209-323-5106	FOR COURT USE ONLY
ATTORNEY FOR (Name):			
NAME OF COURT, JUDICIAL DISTRICT OR BRANCH COURT, IF ANY: San Joaquin Superior Court 222 E WEBER AVE STOCKTON CA 95202 Ste 301			
PLAINTIFF: ERIK LOPEZ AGUILAR			
DEFENDANT: S.R. MOORE - C. COLLINS D/E for John Hall D. Greer			
NOTICE OF WAIVER OF COURT FEES AND COSTS			CASE NUMBER:

1. The application for waiver of court fees and costs was filed

a. on (date):

b. by (name):

2. The application was granted by operation of law.

3. The applicant may proceed in this action without payment of

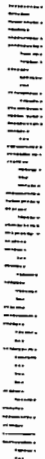
- a. ☐ court fees and costs listed in rule 3.61 of the California Rules of Court.
- b. ☐ the following court fees and costs (specify):

Dated: _____

Clerk, by _____
(Deputy)

CLERK'S CERTIFICATION	
(SEAL)	I certify that the foregoing is a true copy of the original on file in my office.
	Dated: _____ Clerk, by _____
	(Deputy)

LEGAL MAIL



Errik Lopez

9,0 Box 600

Tracy, Ca

95378-0600

E-H 1/4

To →

Clerk of the United States District Court
for the Northern District of California
450 Golden Gate Ave
Box 36060

SAN FRANCISCO, CA

94102

STATE PRISON
GENERATED MAIL

LEGAL MAIL

STATE PRISON
GENERATED MAIL

LEGAL MAIL

LEGAL MAIL

RECEIVED

AUG 27 2008

POST
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
NORTH

LEGAL MAIL

8/29/08
C/O D. GARCIA

